

TO COMPLY WITH THE TERMS OF THE STATEWIDE GENERAL NATIONAL
POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT FOR
DISCHARGES OF AQUATIC PESTICIDES TO CONTROL NUISANCE VEGETATION AND
ALGAE TO SURFACE WATERS OF THE STATE (GENERAL PERMIT)

Permit # WAG - _ _ - _ _ _ _

Permit Number	Ecology Region □ □	W.R.I.A.	Date Received	Coverage Date
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Association/Sponsor Name	Business/Company Name
	Business Owner Name

Sponsor Contact Name		Business Contact Name	
Mailing Address		Business Mailing Address	
City	Zip + 4	City	Zip + 4
E-Mail	Daytime Phone No.	E-Mail	Daytime Phone No.
		Cell Phone No.	UBI No.

Contact Name	Phone No.	
Mailing Address	City	Zip + 4

<input type="checkbox"/> New Permit	<input type="checkbox"/> Existing Discharger Or	<input type="checkbox"/> New Discharger
<input type="checkbox"/> Permit Coverage Modification	Permit No. WAG-__-_____	
Reason for modification:		

V. STATE ENVIRONMENTAL POLICY ACT (SEPA)

1. Has SEPA review been completed? ☐ YES ☐ NO Date _____
2. Lead agency issuing SEPA Determination: _____
3. Type of SEPA Determination: ☐ DNS ☐ DS ☐ Mitigated DNS

VI. BMP's and IAVMP STATUS:

1. Indicate the status of your Integrated Aquatic Vegetation Management Plan (IAVMP) and the request for coverage under this General Permit. Please check (☒) the correct paragraph below and fill in the blanks in that paragraph.
- ☐ This is an application for coverage under this General Permit and an IAVMP previously approved by Ecology on _____ and titled _____. I want coverage for the duration of the permit or until such time as a significant revision of the plan is necessary and submitted to Ecology for approval.
- ☐ This is an application for coverage under this General Permit. An IAVMP is included for approval. The IAVMP is dated _____ and titled _____. I want coverage for the duration of the permit or until such time as a significant revision of the plan is necessary and submitted to Ecology for approval. I understand that multi-year coverage is contingent upon Ecology's approval of the IAVMP.
- ☐ This is an application for coverage under this General Permit with submittal (enclosed) of a significant modification to my IAVMP. The original IAVMP is dated _____ and titled _____. I want coverage for the duration of the permit or until such time as another significant revision of the plan is necessary and submitted to Ecology for approval. I understand that multi-year coverage is contingent upon Ecology's approval of the modification of the IAVMP.
- ☐ This is a submittal of a minor modification to my IAVMP and does not affect my coverage under this General Permit.
- ☐ This is an application for coverage under this General Permit for one season coverage without an IAVMP (only two coverage's will be allowed per permit cycle). This is my (first or second) application under this permit.
2. Do you have a spill plan that is complete and up to date? ☐ YES ☐ NO
3. ☐ All label directions and requirements will be followed, unless Ecology has further restrictions.

VII. WATERBODY INFORMATION:

1. Name of receiving water: (river, lake, creek, stream, wetland):

2. What is the size of the waterbody in acres? _____
3. What is the mean depth? _____
4. What is the maximum depth? _____
5. How many times has this waterbody been treated within 10 years? _____
6. Describe all recreational uses within the treatment area(s) _____
7. Does this waterbody have any inlets or outlets? ☐ Yes ☐ No
- a. Name and/or describe the waterbody inlets. _____
- b. Name and/or describe the waterbody(s) the outlet flows to. _____
- _____
8. Is the named waterbody(s) that the outlet flows to, on the EPA 303 d listing for any pollutant or parameter?
☐ Yes ☐ No
- a. Name the pollutant or parameter _____
9. Is the receiving water, or the waterbody that the outlet flows to, a part of a designated critical habitat of a species listed under the Endangered Species Act (ESA) or is the waterbody in an Evolutionary Significant Unit (ESU) of a species

listed under the Endangered Species Act? ☐ Yes ☐ No

a. If yes, name the species or ESU and submit a mitigation plan to Ecology and the Department of Fish and Wildlife with this application on what measures you are going to take to eliminate or minimize any adverse affects the pesticide may have. _____

10. Water Resource Inventory Area (WRIA) _____

11. City _____ County _____

12. Legal description of site (use both of the following):

a. _____¹/₄ _____¹/₄; Section _____ Township _____ Range _____

b. Latitude _____ Longitude _____ (Specify degrees, minutes, and seconds)

13. Provide the address and written directions to the site from the nearest Hwy or City/Town:

VIII. PLANT AND CHEMICAL INFORMATION:

1. Target Plant/Organism: ☐ Algae ☐ Aquatic Emergent ☐ Aquatic Submerged

☐ OTHER (please list) _____

2. Are there any plants in this waterbody that have been identified by DNR as sensitive, threatened or rare?
☐ Yes ☐ No If yes, attach a copy of DNR's findings and a detailed onsite plant survey performed by an aquatic biologist or a professional wetland scientist, depending on the plant identified.

3. Pesticides planned for use:

<i>Chemical And Product Name</i>	<i>Adjuvant If used</i>	<i>Concentra- tion (PPM)</i>	<i>Amount In gallons or lbs.</i>	<i>Acres to be treated</i>	<i>Targeted Plant Name by genus (species if known)</i>
Glyphosate (Rodeo [®])					
Endothall (Aquathol [®])					
Fluridone (Sonar [®])					
Fluridone (Sonar [®]) Pelleted					
2,4-D BEE					
2,4-D DMA					
Endothall (Hydrothol 191 [®])					
Aluminum Sulfate					
Other					

4. Total amount of acres to be treated _____.

5. Please provide a treatment map with this application that includes the following: Location(s), Size of treatment area(s) in acres, target plants within the treatment area, non target plants within the treatment area,

names and locations of inlets and outlets, boat launches, swimming beaches, and direction of water flow. Also include areas where other methods of plant management are used, such as raking, bottom barriers, harvesting, cutting, hand pulling, etc...

IX. REGULATORY STATUS: (Applicator Information Only)

1. Dept. of Agriculture Pesticide Applicator License No. _____
2. Dept. of Agriculture Pesticide Applicator License Expiration Date _____
3. ☐ Licensee has an Aquatic Endorsement or will be supervised by someone with an Aquatic Endorsement.
4. ☐ My renewal has been satisfied and will remain current.

X. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I certify that the provisions of the permit, including developing and implementing a monitoring program, will be complied with."

Printed Name of Contractor: _____

Signature: _____ Date: _____

Printed Name of Sponsor: _____

Signature: _____ Date: _____